



The Federal Health Insurance Marketplace in South Carolina: Health Insurance Plans Seeking Exchange Certification for 2015

Under the Affordable Care Act, individual and small group health insurance coverage is available for purchase in online exchanges that have been created by the U.S. Department of Health and Human Services. These exchanges are in addition to the existing private health insurance market and, as with any health insurance product, the insurance company must be licensed and the rates and forms for these products must be approved by the South Carolina Department of Insurance (SCDOI). These plans must also be certified by the federal government as Qualified Health Plans (QHPs) in order to be sold in the Federally-facilitated Exchanges (FFE). Purchasing a QHP through the FFEs is the only way to access federal subsidies.

Below is a summary of the plans for which the rates and forms have been approved by the SCDOI and that are seeking QHP certification from the federal government for sale through the FFEs in 2015.

Note: The Department will publish a separate list of products that will be available for sale in the private market outside of the FFEs once the review process for the rate and form filings for these products has been completed. All plans – those available through the FFEs and those available in the private market – will be available for South Carolina consumers to purchase during the upcoming 2015 Open Enrollment Period, which begins November 15, 2014 and ends February 15, 2015.

Individual Market Coverage (Individuals, Families, and Self-Employed)									
Health Insurance Plans Seeking QHP Certification for Sale in the Health Insurance Marketplace ¹									
Company Name	Plan Type(s)	Availability	Pediatric Dental Included?*	Metal Level [‡]					
				Catastrophic	Bronze	Silver	Gold	Platinum	Totals
BlueChoice HealthPlan	EPOs	Statewide	No	1	6	12	4	-	23
BlueCross BlueShield of South Carolina	EPOs	Statewide	No	1	5	8	4	-	18
Consumers' Choice Health Insurance Company	EPOs	Statewide	No	1	3	6	3	-	13
Coventry Health Care of the Carolinas, Inc.	HMOs, POS	Not Statewide	No	6	12	12	6	-	36
Time Insurance Company [‡]	PPOs	Statewide	Yes	-	12	12	6	6	36
Individual Market Totals				9	38	50	23	6	126

[‡]Time Insurance Company's marketing name is Assurant Health.

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Small Group Market Coverage (Small Businesses with 2-50 Employees)								
Health Insurance Plans Seeking QHP Certification for Sale in the SHOP ²								
Company Name	Plan Type(s)	Availability	Pediatric Dental Included?*	Metal Level [#]				Totals
				Bronze	Silver	Gold	Platinum	
BlueChoice HealthPlan	PPOs	Statewide	No	6	9	8	-	23
BlueCross BlueShield of South Carolina	PPOs	Statewide	No	-	1	1	-	2
Consumers' Choice Health Insurance Company	EPOs	Statewide	No	2	6	4	-	12
Small Group Market Totals				8	16	13	0	37

For More Information

Individual Market Coverage

(Individuals, Families, and Self-Employed)

Official Name: Health Insurance Marketplace

Phone: 1 (800) 318-2596

Online: Healthcare.gov

Small Group Market Coverage

(Small Businesses with 2-50 Employees)

Official Name: SHOP

Phone: 1 (800) 706-7893 M-F 9am - 7pm

Online: Healthcare.gov/Small-Businesses/

Definitions and Additional Information

¹The **Health Insurance Marketplace**, also called the Federally-facilitated Marketplace or Exchange, is the name of the exchange that the federal government established in South Carolina for the individual market. Plans sold through the Marketplace may be eligible for federal subsidies depending on your income and number of dependents. Open enrollment will begin on November 15th for plans with coverage effective on or after January 1, 2015. For more information, please visit www.healthcare.gov or call 1 (800) 318-2596.

²The **Small Business Health Options Program (SHOP)** is the name of the small group health insurance exchange that the federal government established in South Carolina. Small employers that purchase health insurance through the SHOP may be eligible for federal tax credits under federal eligibility criteria. For more information, please visit <https://www.healthcare.gov/small-businesses/> or call the SHOP call center, 1 (800) 706-7893, which is available Monday through Friday from 9:00 a.m. to 7:00 p.m. Additional resources available for small businesses include the IRS website (click [here](#)) and the U.S. Small Business Administration's health care website (click [here](#)).



*Every plan available through the Federally-facilitated Exchanges must cover 10 categories of coverage, which are called Essential Health Benefits (EHBs). While pediatric dental coverage is one of these 10 EHBs, plans have the option of including this coverage in the major medical plan. If the major medical plan does not include pediatric dental, consumers have the option to purchase this coverage through a separate dental plan that is certified by the federal government as meeting the pediatric dental EHB coverage standards. The SCDOI has published a separate list of companies that are seeking certification to offer Exchange-certified Stand-Alone Dental Plans, which is available by clicking [here](#). For more information on Essential Health Benefits, click [here](#). For more information on dental coverage, click [here](#).

†Plans are separated into categories, commonly referred to as the **Plan Metal Level**, based on the percentage the plan pays of the average overall cost of providing essential health benefits to members. The plan category you choose affects the total amount you'll likely spend for essential health benefits during the year. The percentages the plans will spend, on average, are listed in the chart below:

Plan Metal Level	Actuarial Value
Catastrophic	n/a
Bronze	60%
Silver	70%
Gold	80%
Platinum	90%

As an example, a Silver Plan with an actuarial value of 70% means that, on average, the consumer would pay 30% of the costs of all covered benefits through out of pocket cost sharing. Please note that this is an average of expected costs across a standard population, so any individual could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their insurance policy.

Catastrophic Plans must meet all of the requirements applicable to the metal level plans, but coverage will be slightly less generous than the Bronze level plans. These plans are not required to cover benefits before the plan's deductible is met with one exception: they must cover three primary care visits per year regardless of whether or not the plan's deductible has been met. The monthly premium is generally lower than for the metal level plans, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. Additionally, the federal government has limited enrollment in catastrophic plans. To qualify for a catastrophic plan, you must be under 30 years old OR get a "hardship exemption" from the Health Insurance Marketplace. Catastrophic plans are only available in the individual market.